PTO/SB/21 (09-04)

Doc 5002.02-1 Approved for use through 07/31/2006. OMB 0651-0031
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		Application Number	10/809,317
TRANSMITTAL		Filing Date	03/24/2004
FORM		First Named Inventor	G. Ramanath
		Art Unit	2813
(to be used for all correspondence after initial filing)		Examiner Name	Rodgers, Colleen E.
Total Number of Pages in This Submission	28	Attorney Docket Number	5002.02-1

Total Number of	Pages in This Submission	28	Attorney Docket N	Number	5002.02-1
		ENCLOS	URES (Check all	that apply))
Amendment After After Affice Extension of Express Aba Information D Certified Co Document(s Response to Incomplete	Attached / Reply r Final lavits/declaration(s) Time Request Indonment Request Disclosure Statement py of Priority Missing Parts/	Drawing(Licensing Petition Petition to Provision Power of Change of Terminal Request CD, Num	- Air	dress	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Request For Continued Examination (RCE); Check for \$910.00; and Postcard
	SIGNATUR	F OF APPLICA	NT, ATTORNEY, O	R AGENT	
Firm Name	PETERS, VERNY, JO			AGENT	
Signature	PETERS, VERNI, JO	A Chil	ASTON, ELF		
Printed name	David J. Aston				
Date	September 11, 2006			Reg. No.	28,051
	CEF	RTIFICATE OF	TRANSMISSIO	N/MAILII	NG
	his correspondence is bein	ig facsimile transm	itted to the USPTO or	deposited v	with the United States Postal Service with Box 1450, Alexandria,VA 22313-1450 on the
Signature	Will	Dren	e.		
Typed or printed na	me Will Dresser			Date	September 11, 2006

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Pg6 Code: 5002.02-1

FEE TRANSMITTAL for FY 2006

_ - 3 or HP = _____ x ___\$200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

PTO/SB/17 (01-06)

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				Complete if Known	
pursuant to the Consolidated Appropria			Application Number	10/809,317	
EE TRANSI	VIII	IAL	Filing Date	03/24/2004	
for FY 200	16		First Named Inventor	G. Ramanath	
		0.50 4.07	Examiner Name	Rodgers, Colleen E.	
applicant claims small entity status	s. See 37	CFR 1.27	Art Unit	2813	
OTAL AMOUNT OF PAYMENT	(\$)	\$910.00	Attorney Docket No.	5002.02-1	

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT \$910.00 METHOD OF PAYMENT (check all that apply) □ Check Other (please identify): None Credit Card Money Order Deposit Deposit Deposit Account Number: 16-1331 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or any underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity** Fees Paid(\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 150 500 250 200 100 300 Utility 130 65 Design 200 100 100 50 200 100 300 150 160 80 **Plant** 300 150 500 250 600 300 Reissue 200 100 Provisional 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP = \$50.00 \$0.00 HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$)

	cation size fee du	ie is \$25	s of paper (excluding electronically filed seque 50 (\$125 for small entity) for each additional 5				
Total Sheets	Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)
- 100 =	0	/ 50	(round up to a whole	X	_\$250.00_	=	\$0.00
4. OTHER FEE(S)							Fee Paid (\$)
Non-English specification,	\$130 fee (no s	small en	ntity discount)				
Other (e.g., late filing surc	narge): \$790 RCI	É Fee; \$	120 Ext of Time Fee				\$910.00

SUBMITTED BY						
Signature	Dan	1 Chata	Registration No. (Attorney/Agent)	28,051	Telephone	650-324-1677
Name (Print/Type)		David J. Aston				9/11/2006

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